Department of Public Health and Human Services HOME AND COMMUNITY BASED SERVICES

SECTION INDEXES

SUBJECT

	SUBJECT	HCBS NUMBER
<u>A</u>	Abbreviations/Acronyms/Initials Administrative Rule of Montana, HCBS Administrative Separateness Adult Day Health Services Adult Foster Homes Adult Residential Care Calculation Form Amendment Form Assisted Living Reserve Slot Process/Form	9902 799-1 801 703 728 899-9 899-16 899-28, 899-28a
<u>B</u> <u>C</u>		
	Care Category 3 (CC3) Request for Prior Authorization Form Case Management Internal Chart Audit Case Management Services Case Management, Performance Standards Case Management, Requirements Case Management Teams, Directory Case Management Team Requirements Charting, Principles of Choice, Individual Civil Rights Clarifying/Interpreting Policy or Procedure CMS 1500 Claim Form CMS Quality Assurance QA Performance Measures Community Supports Services Community Transition Services Compliance Reviews Confidentiality Consent Form Consultative Clinical and Therapeutic Services Contents Index Contract Termination and Transition Contract Terms and Conditions Copayments Covered Services County Office of Human Services,	899-21, 403 899-2 704 608 801 CSB 1004 802 CSB 306 CSB 214 CSB 301 CSB 101 699-2 899-2, 899-3 705 706 608 CSB 302 CSB 302 CSB 302 707 708 001, CSB 001 807 801 CSB 213 701
	Directory	CSB 1010

INDEXES

SUBJECT

<u>D</u>	DPHHS Manual Program Day Habilitation Services Definitions Department Organization Chart Deprivation Codes Developmentally Disabled Dietetic Services Discharge Date Discharge Sheet Division Organization Chart	CSB 101 709 9901 CSB 1001 405 411 710 404 899-13 CSB 1001
<u>E</u>	Eligibility Requirements Enrollment Limits Entrance Into Medicaid & HCBS Form Environmental Accessibility Adaptations Explanation of Medicaid Benefits (EOMB)	401 801 899-6 711 CSB 202
<u>F</u>	Family Training and Supports Fair Hearings Federal Requirements File Transfer Financial Management Services Fraud and Abuse Freedom of Choice	712 CSB 205 CSB 106 699-3 713 CSB 304 CSB 214
<u>G</u>	Goals, Program Group Home Services	CSB 103 704
<u>H</u>	Health and Wellness Service Home & Community Based Services ARM Home & Community Based Services Eligibility Requirements Homemaker Services Homemaker Chore Services	714 799-1 401 715 716
L	Incurment Independence Advisor Service Independent Contractor Intake Sheet	407, 899-14 717 607 899-12

INDEXES

SUBJECT

	Intensive Institutional Care (Heavy Care)	402
<u>L</u>	Legal Authority Letter of Notification Level of Care Screenings Level of Care Reevaluations Licensure Requirements Letter of Notification Form Level of Care Determination Form Level I Screen Form	CSB 105 899-18 501 503 607 899-18 899-8
<u>M</u>	Manual Program Medicaid Eligibility Requirements Medicaid Identification Card Medicaid Management Information System Medicaid Overview Medicaid Services Medically Needy Billing Procedures Medicare, Relationship to Medicaid Montana Medicaid Program, Summary Monthly Reports	CSB 101 401, CSB 210 CSB 211 CSB 209 CSB 202 CSB 203 407 CSB 204 CSB 202 899-2
<u>N</u>	Non-Medical Transportation Services Nursing Home Reimbursement Nursing Home Transition Process/Form Nutrition Services	718 606 899-27, 899-27a 719
<u>O</u>	Occupational Therapy Services Organization Chart, Department Organization Chart, Division Out-of-State Services Organizational Responsibilities Over Cost Service Plan and Services	7120 CSB 1001 CSB 1001 409 CSB 201 403
<u>P</u>	Pain and Symptom Management Service Payment Processing Payment Requirements Payment of Legally Responsible Individuals Performance Standards, Case Management Personal Assistance Services	721 605 604 604-1 608 722

INDEXES

SUBJECT

	Personal Assistance, Referral Procedures Personal Emergency Response System Physical Therapy Services		718, 799-2 723 724
	Post Acute Rehabilitation Services		725
	Prevocational Training Services		726
	Principles of Charting		CSB 306
	Prior Authorization, Community Services Bureau		403
	Prior Authorization, Case Management Teams		605
	Prior Authorization Referral Form		699-5
	Private Duty Nursing Services	•	727
	Private Pay	(CSB 307
	Program Goals	(CSB 103
	Provider Eligibility		601
	Provider Enrollment		603
	Provider Information Memo	•	499-1
	Provider Requirements ARM		799-1
	Provider Responsibilities		602
	Psychosocial Summary Form	1	899-17
<u>Q</u>	Quality Assurance	(608
<u>R</u>			
	Recipient Abuse and Neglect Reporting	(CSB 304, HCBS 609
	Recipient Identification	(CSB 211
	Record Requirements		804
	Reevaluation Form		899-15
	Referrals for Service		405
	Referral Form for Providers		699-5
	Regional Program Officers, Directory		CSB 1003
	Reimbursement Methodology	(606
	Relationship of Medicaid to Home &		005 404
	Community Services Program		CSB 104
	Relationship of Medicaid & Medicare		CSB 204
	Release of Information/Confidentiality		302
	Reporting Requirements Reporting Requirements, Forms	•	806
	& Instructions		899-2
	Request for Modified Screen/SLTC-61 Issuance		504
	Request for Prior Authorization CC3 Form	;	899-21
	Request for Prior Authorization Form	;	899-22
	Residency Requirements		408
	Residential Habilitation Service	•	728
	Respiratory Therapy Services	•	729
	Respite Care Services		730
	Retainer Payments		410
	Risk Negotiation Form and Instructions	899-29,	899-29a

INDEXES

SUBJECT

•	,	
	Risk Negotiation Process	812
<u>S</u>	Screening Determination Form	
	(Form DPHHS-SLTC-61)	599-1
	Screening Referral Procedures	502
	Screening Requirements	501
	Senior and Long Term Care Division	
	Organization Chart	CSB 1002
	Senior Companion Service	731
	Serious Occurrence Reporting	HCBS 609
	Service Animals	728
	Service Areas	803
	Service Limitations & Exclusions	702
	Service Plan: Amendments	809-6
	Service Plan: Amendment Form	899-16
	Service Plan: Annual Updates	809-7
	Service Plan: Components	809-2
	Service Plan: Costs	809-4
	Service Plan: Cost Limit	899-5
	Service Plan: Cost Sheet	899-10
	Service Plan: Development	809-1
	Service Plan: Form	899-11
	Service Plan: Reevaluation Form	899-15
	Service Plan: Requirements	899-3
	Service Plan: Short Form	899-11B
	Service Requirements	701
	Slot Categories	402
	Specialized Child Care for Medically Fragile	
	Children	732
	Specialized Medical Equipment & Supplies	733
	Specially Trained Attendants	722
	Speech Therapy & Audiology Services	734
	State Supplement	704, 899-9, 899-26
	Supported Employment Services	735
	Supported Living Services	736
	Surveillance & Utilization Review	CSB 208
Т	Termination of Service	404
<u>-</u>	Team Care	CSB 212
	Third Party Liability	CSB 206
	Transfer of Assets	401
	Transfer of Consumer or	701
	Change of Consumer's Classification	808
V	Vehicle Modification Service	737

HCBS 002

SECTION

INDEXES

SUBJECT

W	Waiting List Criteria Waiting List Criteria Tool Waiting List Database Instructions	406 899-20 899-25
<u>Y</u>	Year-End Money Year-End Money Request Form	811 899-1